Case 16-17341 Doc 7 Filed 05/24/16 Entered 05/24/16 09:26:36 Desc Main

			Document	Page 1	of <u>9</u>	
Fill in this in	nformation to identify	your case:			Check the appropriate box lines 40 or 42:	as directed in
Debtor 1	Joshua		Johnson	_		
	First Name	Middle Name	Last Name		According to the calculation	s required by this
Debtor 2 (Spouse, if filing)	Tiffany First Name	Middle Name	Johnson Last Name	_	Statement:	
United States	Bankruptey Court for th	e : <u>NORTHERN DISTRICT</u>	OF ILLINOIS		x 1. There is no presump	tion of abuse.
Case Number		<u></u>	<u>OT ILLINOIO</u>		2. There is a presumpti	on of abuse.
(If known)					Check if this is an a	mended filing
	4004.0					-
Official F	orm 122A-2					
Chapter	7 Means T	est Calculati	on			04/16
To fill out this	form, you will need y	our completed copy of C	Chapter 7 Statement of Y	our Current Me	onthly Income (Official Form 122	A-1).
-	-			-	y responsible for being accurate.	
•	•	sheet to this form. Include and case number (if know		lich the additio	nal information applies. On the to	p of any
Part 1:	Determine Your Adjus	ted Income				
1. Copy your t	total current monthly	income.	Copy	line 11 from Offi	icial Form 122A-1 here →1	\$7,194.38
	out Column B in Pari					<u> </u>
	\$0 on line 3d.					
	our spouse filing with	you?				
No.	Go to line 3.					
X Yes	s. Fill in \$0 on line 3d.					
3. Adjust you	r current monthly in	come by subtracting any	part of your spouse's ir	ncome not used	d to pay for the	
househo	ld expenses of you o	or your dependents. Follo	w these steps:			
		122A-1, was any amount ses of you or your depend	•	ed for your spou	use NOT regularly	
X No.	Fill in 0 on line 3d.					
Yes	s. Fill in the information	n below:				
For	• •	ich the income was used used to pay your spouse's ta ur dependents	x debt or to support	are subtra	amount you acting from se's income	
3a.					\$ 0.00	
3b.					\$ 0.00	
2.					\$ 0.00	
3c.						
3d. <sup>°</sup>	Total. Add lines 3a,	3b, and 3c			\$0.00 Copy total here →	3d \$0.00
4 Adjust you	ır current monthly in	come. Subtract line 3d fro	m line 1			\$7,194.38

4. Adjust your current monthly income. Subtract line 3d from line 1.

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Debtor 1	Joshua	Johnson	Case Number (if known)

Part 2: Calculate Your Deductions from Your Income

First Name

The Internal Revenue Service (IRS) issues National and Local Standards for certain expense amounts. Use these amounts to answer the questions in lines 6-15. To find the IRS standards, go online using the link specified in the separate instructions for this form. This information may also be available at the bankruptcy clerk's office.

Deduct the expense amounts set out in lines 6-15 regardless of your actual expense. In later parts of the form, you will use some of your actual expenses if they are higher than the standards. Do not deduct any amounts that you subtracted from your spouse's income in line 3 and do not deduct any operating expenses that you subtracted from income in lines 5 and 6 of Form 122A-1.

Last Name

If your expenses differ from month to month, enter the average expense.

Middle Name

Whenever this part of the form refers to you, it means both you and your spouse if Column B of Form 122A-1 is filled in.

5. The number of people used in determining your deductions from income

Fill in the number of people who could be claimed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. This number may be different from the number of people in your household.

3

National Standards You must use the IRS National Standards to answer the questions in lines 6-7.

6. Food, clothing, and other items: Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for food, clothing, and other items.

\$1,249.00

7. Out-of-pocket health care allowance: Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for out-of-pocket health care. The number of people is split into two categories—people who are under 65 and people who are 65 or older—because older people have a higher IRS allowance for health care costs. If your actual expenses are higher than this IRS amount, you may deduct the additional amount on line 22.

#### People who are under 65 years of age

- 7a. Out-of-pocket health care allowance per person \$54.00
- 7b. Number of people who are under 65
- 7c. **Subtotal.** Multiply line 7a by line 7b. \$162.00 **copy here**→ \$162.00

#### People who are under 65 years of age

- 7d. Out-of-pocket health care allowance per person \$130.00
- 7e. Number of people who are 65 or older 0
- 7f. Subtotal. Multiply line 7d by line 7e. \$0.00 copy here→ \$0.00
- 7g. **Total**. Add lines 7c and 7f.....

\$162.00 Copy total here

\$162.00

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Johnson Debtor 1 Joshua Case Number (if known) First Name Middle Name Last Name **Local Standards** You must use the IRS Local Standards to answer the questions in lines 8-15. Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standard for housing for bankruptcy purposes into two parts: ■ Housing and utilities - Insurance and operating expenses Housing and utilities - Mortgage or rent expenses To answer the questions in lines 8-9, use the U.S. Trustee Program chart. To find the chart, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office. 8. Housing and utilities - Insurance and operating expenses: Using the number of people you entered in line 5, fill in the \$ 558.00 dollar amount listed for your county for insurance and operating expenses. 9. Housing and utilities - Mortgage or rent expenses: 9a. Using the number of people you entered in line 5, fill in the dollar amount listed \$1,831.00 for your county for mortgage or rent expenses. 9b. Total average monthly payment for all mortgages and other debts secured by your home. To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60. Name of the creditor Average monthly payment Repeat this amount on 9b. Total average monthly payment line 33a 9c. Net mortgage or rent expense. Сору \$ 1,831.00 Subtract line 9b (total average monthly payment) from line 9a (mortgage or \$ 1.831.00 line 9c rent expense). If this amount is less than \$0, enter \$0. 0.00 10. If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and affects the calculation of your monthly expenses, fill in any additional amount you claim. Explain why: 11. Local transportation expenses: Check the number of vehicles for which you claim an ownership or operating expense. 0. Go to line 14. 1. Go to line 12. 2 or more. Go to line 12. 12. Vehicle operation expense: Using the IRS Local Standards and the number of vehicles for which you claim the operating expenses, fill in the Operating Costs that apply for your Census region or metropolitan statistical area. \$472.00

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Deb	tor 1	Joshua	Jo	hnson	Case Number (if know	n)		
		First Name		t Name				
13.	each v	vehicle below. You may no	ense: Using the IRS Local Standa t claim the expense if you do not nexpense for more than two vehicles	nake any loan or lease pay				
	Vehic	Describe Vehicle 1:	2007 Honda Accord wit	h over 130,000 miles	<b>3</b>			
					-			
	13a.	Ownership or leasing cos	sts using IRS Local Standard		13a	\$471.00		
	13b.	Average monthly paymer Do not include costs for le	nt for all debts secured by Vehicle eased vehicles.	1.				
		-	monthly payment here and on line tually due to each secured credito otcy. Then divide by 60.					
		Name of each creditor for	Vehicle 1	Average monthly payment				
		USAA Federal Sav	rings B	\$293.15	Copy line 13b	\$293.15	Repeat this amount on line 33b.	
	13c.	Net Vehicle 1 ownership of	or lease expense				Conv. not	
		Subtract line 13b from line	e 13a. If this amount is less than \$	0, enter \$0.	13c.	\$177.85	Copy net Vehicle 1	\$ 177.85
							expense here	
	13d. 13e.	Ownership or leasing cos  Average monthly paymer  Do not include costs for le	monthly payment here and on line tually due to each secured creditorotcy. Then divide by 60.	2. e 13e, add all	13d	\$471.00		
		ALLY Financial		\$139.80	Copy line 13e here →	\$139.80	Repeat this amount on line 33c.	
		Net Vehicle 2 ownership o	r lease expense 13a. If this amount is less than \$0	enter \$0	13f.	\$331.20	Copy net Vehicle 2	\$331.20
		Subtract line 13b from line	13d. II tilis amount is less than \$0	, enter po.	101.	\$331.20	expense here	
14.			If you claimed 0 vehicles in line 11	-	ndards, fill in the <i>Public</i>			<b>60.0</b> 0
	ırafi	эропаноп ехрепѕе allowa	nce regardless of whether you use	s papilo ilansportation				\$0.00
15.	dedu	uct a public transportation of	n expense: If you claimed 1 or more expense, you may fill in what you be ard for <i>Public Transportation</i> .			1		\$0.00

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Debtor 1	Joshua		Johnson	Case Number (if known)	
	First Name	Middle Name	Last Name		
Other N	lecessary Expenses	In addition to the expension the following IRS		allowed your monthly expenses for	
em pay sub	ployment taxes, socia for these taxes. How	I security taxes, and Medica ever, if you expect to receiv n the total monthly amount t	owe for federal, state and local taxare taxes. You may include the more a tax refund, you must divide the that is withheld to pay for taxes.	thly amount withheld from your	\$1,090.20
uni	on dues, and uniform	costs.	luctions that your job requires, such		\$ 0.00
tog	ether, include paymer	nts that you make for your s	pay for your own term life insurance pouse's term life insurance. Do not se's life insurance, or for any form o	include premiums for life	\$ 33.76
age	ency, such as spousal	or child support payments.	nat you pay as required by the orde spousal or child support. You will li		\$ 0.00
■ a	s a condition for your	job, or	education that is either required: ent child if no public education is a	vailable for similar services.	\$ 0.00
		nly amount that you pay for of for any elementary or seco	childcare, such as babysitting, dayondary school education.	are, nursery, and preschool.	\$ 500.00
is re	equired for the health alth savings account. I	and welfare of you or your on the amount that	ce costs: The monthly amount that dependents and that is not reimburs t is more than the total entered in lir counts should be listed only in line 2	sed by insurance or paid by a ne 7.	\$ 38.00
you ser is n Do	and your dependents vice, to the extent nec ot reimbursed by you not include payments	s, such as pagers, call waiting the same of the sessary for your health and we remployer.  for basic home telephone,	ral monthly amount that you pay for ng, caller identification, special long welfare or that of your dependents of internet and cell phone service. Do al Form 22A-1, or any amount you p	or for the production of income, if it  not include self-employment	\$ 90.00
	all of the expenses ald lines 6 through 23.	llowed under the IRS expe	nse allowances.		\$6,533.01

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Debtor	1	Joshua		Johnson		r age o or .	Case Number (if known)		
		First Name	Middle Name	Last Name					
Othe	r Ne	ecessary Expenses	In addition to the exp	pense deductions listed RS categories.	above, you	u are allowed your	monthly expenses for		
	insı		=	th savings account exp gs accounts that are rea				ur	
	Hea	alth insurance		\$387.42					
	Dis	ability insurance		\$ 0.00					
	Hea	alth savings account		\$ 0.00					
	Tota	al		\$387.42	Copy to	tal here 🛨			 \$387.42
Do yo	u a	ctually spend this total	al amount?						
	No.	How much do you a	ctually spend?	\$					
х	Yes	3							
	con	tinue to pay for the re	easonable and necessa	Id or family members.  ry care and support of a simily who is unable to particular.	n elderly,	chronically ill, or di			 \$0.00
	of y	ou and your family u		bly necessary monthly e e Prevention and Servic expenses confidential.	-	-	-		\$ 0.00
	allo If yo hou You	wance on line 8. ou believe that you ha using and utilities allow	ave home energy costs wance, then fill in the ex	that are more than the hacess amount of home e	nome ener	rgy costs included i	n the non-mortgage		\$ 0.00
	per eler	child) that you pay formentary or secondary	or your dependent childror school.	o are younger than 18.	an 18 years	s old to attend a pri	vate or public		 \$0.00
			rustee documentation ry and not already acco	of your actual expense ounted for in lines 6-23.	s, and you	i must explain why	the amount claimed is		
	* S	subject to adjustment	on 4/01/19, and every 3	B years after that for cas	es begun	on or after the date	of adjustment.		
	higl	ner than the combine		thly amount by which yow ances in the IRS Nations Nations National Standards.					\$ 0.00
	this	form. This chart may	also be available at the	allowance, go online use bankruptcy clerk's office ed is reasonable and ne	ce.	nk specified in the s	eparate instructions fo	r	
				t that you will continue tition. 26 U.S.C. § 170(c)		ite in the form of ca	sh or financial		 \$0.00
		all of the additional of the a	expense deductions.						\$387.42

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Debtor 1	Joshu	а	Johnson		Case	Number (if known)		
	First Nam	e Middle Name	Last Name					
Deduct	ions for	Debt Payment						
33. <b>For</b>	debts th	at are secured by an interest in	property that you own, including	g home mortga	ges, vehicle			
		other secured debt, fill in lines						
			nent, add all amounts that are cor	tractually due to	each secure	ed		
cr	editor in	the 60 months after you file for b	ankruptcy. Then divide by 60.					
						Average monthly		
						payment		
	Mort	gages on your home:						
33	a Conv	line 9b here		<b>→</b>		\$0.00		
	Loan	s on your first two vehicles:						
33	ь. Сору	line 13b here				\$293.15		
33	c. Copy	line 13e here.		→		\$139.80		
Na	me of eac	h creditor for other secured debt	Identify property that secures					
			the debt	include tax or insuran				
21	3d.			yes				
3.	ou.			no				
21	2.							
3.	Be.							
3	3f.							
· ·	<b></b>							
22	~ Total	overage monthly navment. Add li	noo 22a through 22f				Comutatal	• • • • • •
33	g. Total a	average monthly payment. Add if	nes 33a through 33f	•••••		\$432.95	Copy total here→	\$432.95
	-	=	red by your primary residence, a port or the support of your depe					
		Go to line 35.	one of the second					
	_							
	Yes.	State any amount that you must listed in line 33, to keep possess	pay to a creditor, in addition to the sion of your property (called the $c$	e payments				
		Next, divide by 60 and fill in the		aro arrioarrej.				
		Name of the creditor	1-1	T-4-1		NA 4 lede		
		Name of the creditor	Identify property that secures the debt	Total cure amount		Monthly cure amount		
					÷ 60 =			
					Total	\$0.00	Copy total	\$0.00
					Total	<del></del>	here <b>→</b>	<del>\$0.00</del>
-			iority tax, child support, or alimo	=				
tha	at are pa	st due as of the filing date of yo	our bankruptcy case? 11 U.S.C. §	3 507.				
	No. (	Go to line 36.						
)			ese priority claims. Do not include	current or				
		ongoing priority claims, such as				400		***
		lotal amount of all past-due prio	rity claims			\$28.33	÷ 60 =	\$28.33

Debtor 1	Joshua		Document Johnson	Page 8		er (if known)		
	First Name	Middle Name	Last Name					
- 1	For more information	e a case under Chapter 13? 11 U. , go online using the link for <i>Bankr</i> orm. <i>Bankruptcy Basic</i> s may also b	uptcy Basics specified in	· ·				
	X No. Go to line 3	37.						
	Yes. Fill in the f	ollowing information.						
	Projected	monthly plan payment if you were	filing under Chapter 13			\$0.00		
	Administra	nultiplier for your district as stated of ative Office of the United States Coolina) or by the Executive Office for cicts).	ourts (for districts in Alab			× 6.00%		
	link specif	list of district multipliers that include fied in the separate instructions for at the bankruptcy clerk's office.	-	_		0.0070		
	Average r	monthly administrative expense if y	ou were filing under Cha	apter 13		\$0.00	Copy total here →	\$0.00
	dd all of the deduction Add lines 33g through	ons for debt payment. n 36.						\$461.28
Tota	l Deductions from In	come						
38. <b>A</b> d	dd all of the allowed	deductions.						
		ne expenses allowed under IRS	\$	6,533.01				
(	Copy line 32, All of th	ne additional expense deductions		\$387.42				
	Copy line 37, All of th	ne deductions for debt payment	<u> </u>	\$461.28				
	Total deductions			7,381.71	Copy total here	<b>&gt;</b>		\$7,381.71
Part 3	Determine Wh	ether There Is a Presumption of Ab	use					
39. <b>C</b> a	alculate monthly dis	posable income for 60 months						
;	39a. Copy line 4, ad	ljusted current monthly income		\$7,194.38				
;	39b. Copy line 38, 7	otal deductions		\$7,381.71				
:	-	able income. 11 U.S.C. § 707(b)(2)		-\$187.33	Copy line 39c here	-\$187.33	-	
	For the next 60	months (5 years)			x 60		0	
39d.	Total. Multiply line 39	Oc by 60		3	39d.	-\$11,240.00	Copy line 39d here ->	-\$11,240.00
40. <b>Fi</b>	nd out whether there	e is a presumption of abuse. Chec	ck the box that applies:					
_	The line 39d is less to Part 5.	than \$7,700*. On the top of page 1	of this form, check box	1, There is no	o presumption of a	abuse. Go		
		than \$12,850*. On the top of page ou claim special circumstances. The		x 2, There is	a presumption of	abuse. You		
		ust \$7,700*, but not more than \$12 ent on 4/01/19, and every 3 years a	•	on or after the	e date of adjustme	ent.		

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Case 16-17341 Doc 7 Filed 05/24/16 Entered 05/24/16 09:26:36 Desc Main Page 9 of 9 Document Johnson Debtor 1 Joshua Case Number (if known) \_ First Name Middle Name Last Nam 41. 41a. Fill in the amount of your total nonpriority unsecured debt. If you filled out A Summary of Your Assets and Liabilities and Certain Statistical Information Schedules (Official Form 6), you may refer to line 5 on that form. x .25 Copy 41b. 25% of your total nonpriority unsecured debt. 11 U.S.C. § 707(b)(2)(A)(i)(l) here-Multiply line 41a by 0.25 42. Determine whether the income you have left over after subtracting all allowed deductions is enough to pay 25% of your unsecured, nonpriority debt. Check the box that applies: Line 39d is less than line 41b. On the top of page 1 of this form, check box 1, There is no presumption of abuse. Go to Part 5. Line 39d is equal to or more than line 41b. On the top of page 1 of this form, check box 2, There is a presumption of abuse. You may fill out Part 4 if you claim special circumstances. Then go to Part 5. Part 4: **Give Details About Special Circumstances** 43. Do you have any special circumstances that justify additional expenses or adjustments of current monthly income for which there is no reasonable alternative? 11 U.S.C. § 707(b)(2)(B). No. Go to Part 5. Yes. Fill in the following information. All figures should reflect your average monthly expense or income adjustment for each item. You may include expenses you listed in line 25. You must give a detailed explanation of the special circumstances that make the expenses or income adjustments necessary and reasonable. You must also give your case trustee documentation of your actual expenses or income adjustments. Average monthly expense Give a detailed explanation of the special circumstances or income adjustment Part 5: Sign Below By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct. /s/ Joshua Johnson /s/ Tiffany Johnson Joshua Johnson Tiffany Johnson

Date: 05/20/2016

Date: 05/20/2016